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JC971 U.S. PTO
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Certificate of Mailing

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Mary Rose Scozzafava
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Mary Rose Scozzafava
Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	112284.121
Applicant	Dov Tamarkin et al
Title	SYNTHETIC FAT COMPOSITIONS

PRIORITY INFORMATION:

None


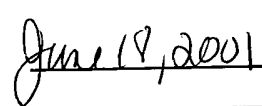
SMALL ENTITY STATUS:

☒ Applicant claims small entity status under 37 C.F.R. § 1.27.

APPLICATION ELEMENTS:

Cover sheet	[1] pages
Specification	[25] pages
Claims	[6] pages
Abstract	[1] pages
Drawing	[0] sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	[2] pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and such small entity status is still proper and desired.	[**] pages

110150-12500

Preliminary Amendment	[**] pages
IDS	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references
Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$710/\$355	\$355
Excess Claims Fee: [**TOTAL**] - 20 x \$18/\$9	\$242
Excess Independent Claims Fee: [**TOTAL**] - 3 x \$80/\$40	\$480
Multiple Dependent Claims Fee: \$270/\$135	\$00
Total Fees:	\$1078
<input type="checkbox"/> Enclosed is a check for [**AMOUNT**] to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges, or any credits, to Deposit Account No. 08-0219	
CORRESPONDENCE ADDRESS:	
Mary Rose Scozzafava Reg. No. 36,268 Hale and Dorr LLP 60 State Street Boston, MA 02109 Telephone: 617-526-6000 Facsimile: 617-526-5000	
CUSTOMER NO: 23483	
<div style="display: flex; justify-content: space-between;"> <div>  Signature </div> <div>  Date </div> </div>	

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Mary Rose Scozzafava
Printed name of person mailing correspondence


Signature of person mailing correspondence

APPLICATION

FOR

UNITED STATES LETTERS PATENT

APPLICANT : Dov Tamarkin, Meir Eine, Micha Peled

TITLE : SYNTHETIC FAT COMPOSITIONS

100750-122660